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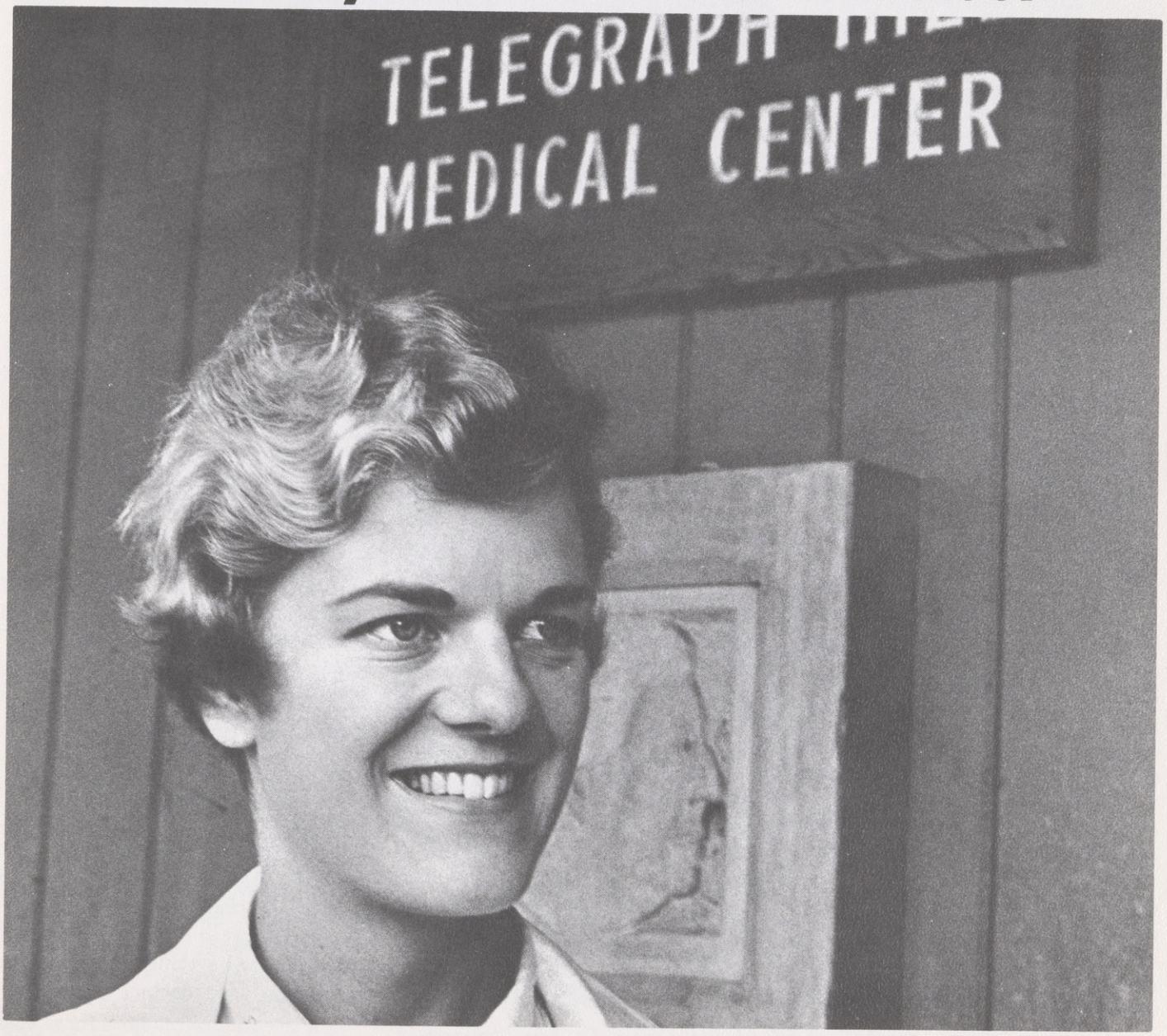
COMMUNITY MEDICINE

The 'city side' of medical-school



Medical education doesn't stop at the classroom door at UC Medical Center in San Francisco. Now in its third year is the Division of Ambulatory and Community Medicine, one of the few in the nation. The program's first "fellow in community medicine" is Dr. Linda Clever. The story on Dr. Clever and her students is inside on page 4.

LOOKING UP

What goes on in the capsule

The only thing worse than landing on the moon with a cold in the head would be landing on earth with the sniffles on the return trip.

Why? The change in pressure. On the moon, the pressure changes only from 5 pounds to 3.7 per square inch. On the return, the change would be from 5 to 15 pounds.

And while Kleenex and the like may be one of the humble symbols of the 20th century, paper tissues won't suit spacehopping travelers of the 21st century. Why? Particles of paper floating around the capsule and collecting on glass portholes, that's why.

These intimate glimpses of life in the capsule come from tall, amiable Dr. John L. Steffenson, a research fellow in anesthesia, who's been on the UC Medical Center campus in San Francisco since last July.

Dr. Steffenson's medical career spans more than his research activities here. He represents the Navy on the Department of Defense medical team present at every astronaut recovery. On the team: a surgeon, an internist, an anesthesiologist.

Teams rotate. Dr. Steffenson has been assigned to about every third recovery and has been on four space shot pickups.

Most welcome news on any trip, as far as he is concerned, is that the astronauts are down — and won't be needing his attention.

"The surgeon and I are there to act in case of injury. Once the internist has made a physical examination — and the report reads 'Okay' — we breathe a sigh of relief."

While he may not be called upon as anesthesiologist, Dr. Steffenson assists in special studies designed to follow physiological changes related to the astronauts' period of weightlessness. "Fortunately, some of the things that might have happened — haven't," Dr. Steffenson reports.

Most people think bones are static. "Not true," the UC research fellow points out. "Bones de-mineralize. There is a continual change in mineral content and bone structure in response to changing stress."

In weightlessness, for instance, the body experiences little stress against bones, so bones change structure and lose mineral content. Elaborate studies are in progress to determine overall balance of minerals — in food, perspiration and urine — to determine what goes in and comes out during weightlessness.

Can astronauts eat a high mineral content diet and thus avoid demineralization? That's being probed, too.

So are problems of muscles that go unused on long flights and deteriorate. A system of exercises has been set up and its effectiveness in preventing undesirable muscle changes is being evaluated.

Another area being explored is that of "de-conditioning" of the cardiovascular system that takes place in space.

"We know that if you put a patient in bed, his blood volume decreases. The same change occurs with weightlessness," Dr. Steffenson points out. "Lack of blood weight and decline in tension of blood vessels changes their size and forces extra blood into circulation."

Tests of astronauts' vascular responses is Dr. Steffenson's secondary responsibility after the capsule recovery.

"And everything must be done RIGHT NOW! The sooner tests are performed, the more valid they are."

It is the practice now to send astronauts aloft with their own individual medical kits containing about 50 different items.

"It's not the ultimate in medical practice to prescribe over the phone, but you can't make house calls to the capsule. And every astronaut is briefed on what medicine he's carrying and what it's for. He's warned never to take anything without asking permission from doctors below."

Not even anti-histamine for a cold in the nose? No, not even that.

A research fellow in anesthesia at UC Medical Center, Dr. John Steffenson is also a member of the medical team that's on deck when astronauts return.

This year, volunteers trimmed 53 Christmas trees in hospitals and in clinics.

Special parties add spirit to the season.

Holiday festivities spark Yule season

Christmas stockings and buoyant Yuletide carols brighten the holidays for youngsters and adults alike at UC and Moffitt Hospitals.

Diligent volunteers gathered 11 days before Christmas to decorate 53 trees and whizzed through the task in record time. Both adults and teenagers took part in the tree-trim, which was followed by a punch-and-cooky party hosted by UC Hospitals Auxiliary members.

The Auxiliary provided decorations for 51 of the trees. The other two — one bright with Mexican paper flowers and the other sparkling with birds and stars—are the work of Doctors' Wives, Residents' Wives and Medical Students' Wives. The Medical Students' Wives took on an additional holiday project — the wrapping of dozens of gifts for tots in pediatrics.

Santa Claus was scheduled to arrive at a party a week before Christmas in pediatrics, carrying a pinata brimming with gifts. Another party special: treats from the hospital's dietary department.

Christmas stockings were to be distributed on Christmas Eve to sixth floor patients. Nursing students and outside groups are carrying out a busy schedule of caroling on all patient floors.

The 'special things' that count

At holiday time when patients' spirits need a boost, the role of UC Hospitals Auxiliary is a special one.

Auxiliary funds provide special items of warmth and comfort all year around. For instance: the toys for the playroom, high chairs and play pens, folding cots for parents who must stay overnight, desks and work tables for the schoolroom.

For adults: electric razors, radios, prism glasses, hair dryers, TV sets in waiting areas and a "model eye" which helps prepare patients to understand eye surgery. The list is endless.

Irma Nickerson, director of nursing services, sums it up: "Your stream of gifts, so generously unending, is a heart-warming, compassionate thing, and the gratitude we feel on behalf of patients is beyond expression."

UC is on the scene at the clinic

At Telegraph Hill Clinic, Dr. Linda Clever, center, and senior medical students are assigned to the internal medicine department. Nurses double as interpreters, as many patients are recent immigrants from the Orient.

Because she firmly believes that medical students generally hear too much "about enzymes and DNA and too little about people," Dr. Linda Clever is delighted to be UC Medical Center's first "fellow in community medicine."

The willowy blonde physician whose special field is internal medicine calls this "the best year of my life." Her goal: to interest and involve medical students in community medicine.

Dr. Clever and her senior students are focusing on both public and private medical programs for the poor.

"When you talk to people in the community to find out what goes on, it's like dropping a pebble in a pool. And we ARE finding out what goes on," says Dr. Clever.

Before she settled on the first community medical program, the Stanford Medical School alumna made the rounds of the city for a closeup of agencies and clinics. She went from Salvation Army's Harbor Light South of Market to Hospitality House in the Tenderloin to Telegraph Hill Neighborhood Assn. in North Beach to Self Help for the Elderly in Chinatown to Haight-Ashbury Clinic.

It was at Haight-Ashbury Clinic that Dr. Clever and her first three students put in one day a week during the first academic quarter of 1968-69. To get a broad picture of that area's problems, the "class" interviewed Glide Foundation staffers, Park Police Station officers, Huckleberry's for Runaways, Switchboard.

"The Establishment and the non-Establishment," is the way Dr. Clever put it.

With the closing of Haight-Ashbury Clinic and the end of the quarter, the UC Medical Center community medicine team is now concentrating on Telegraph Hill Clinic in North Beach.

"Students have made home visits to patients with the public health nurses. And they've seen patients who live on welfare," Dr. Clever says. "What does welfare really mean? When you see someone who hasn't enough to eat because the check hasn't come, it means a lot more than hearing a member of the medical school faculty talk about it."

"I'm learning some fascinating things about the world," she adds. "And I get depressed sometimes. Political power has so much to do with getting things done. And it's only the articulate people who get listened to."

But, she concedes: "Good things do happen. People are building their own power base. It's interesting to see how eager the community agencies are to work with medical students. They are learning that physicians are able to bring changes in medical and social policies."

Communication can be a stumbling block in the community medicine area, but sometimes it's more funny than frustrating. Dr. Clever, who is interested in Hunters Point Bayview Community Health Service Center, teaches a class for health technicians there.

"We were discussing symptoms one

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night, and class members were acting a symptom out and asking others to identify it. We talked about chest pain, and I warned that if someone's pain was so severe he clutched his chest until his knuckles turned white, it was time to worry."

There were titters from the back of the room. It wasn't until later that Dr. Clever realized why. "No matter how severe his pain, a black man couldn't turn his knuckles white," she recalls with a wry smile. "But we all laughed about it later."

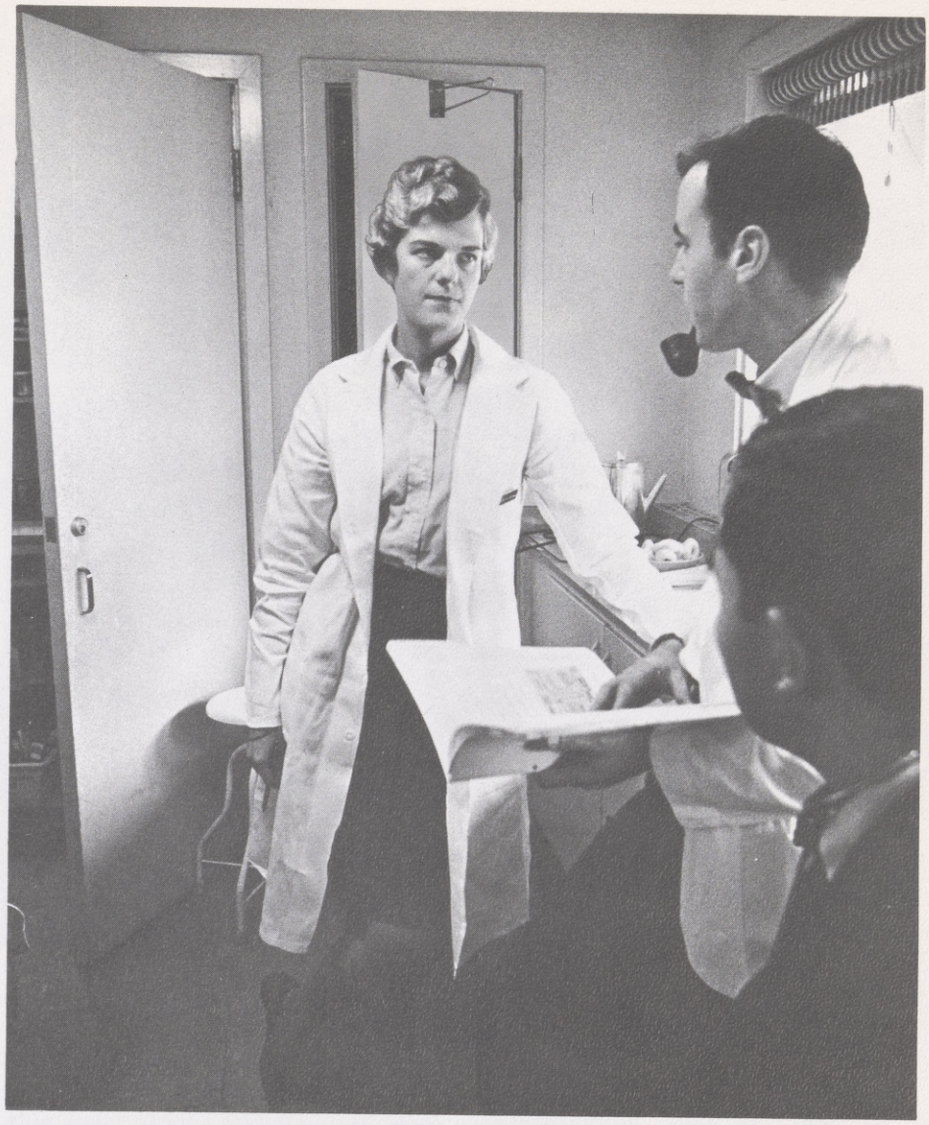
At Telegraph Hill Clinic, where many patients are Chinese, there is another kind of language barrier. "Say a patient comes in with epigastic (upper abdominal) pain and I must find out if it occurs before meals. The nurses — who are absolutely great and act as translators — have a long, long conversation with many gestures. Then the nurse will turn to me and say 'no.' I always wonder what I miss!"

In the last quarter, community medicine students recruited dental students to help out at Telegraph Hill Center. "This was exciting," Dr. Clever believes, "because it showed an increased awareness of the importance of comprehensive health care."

Patients that the medical students see at the Telegraph Hill Clinic are internal medicine patients. Other clinics there are staffed by private physicians who donate their time in pediatrics, gynecology, dermatology and many other departments.

"It isn't too different from our UC Hospital Comprehensive Clinic except for a high incidence of psychophysiological illness. Immigrants have tremendous pressures," Dr. Clever points out. "A man who was living well as an accountant in Hongkong is lucky to wash dishes here."

Few medical schools in the nation offer a credit course in ambulatory and community medicine. Dr. Robert Crede heads the division at UC. Exploration of the idea began in January, 1965, when former Dean William Reinhardt appointed a faculty committee to advise him on the formation of such a division. It became an academic unit of the School of Medicine in March, 1966.



Dr. Clever and a group of senior students from UC Medical School spent one day a week this quarter seeing patients at Telegraph Hill Clinic in North Beach.

Dr. Clever calls community medicine an "exciting program with tremendous potential" and hopes for other innovations in the undergraduate program at UC Medical Center.

Devoting three months at a time to a specific community clinic or service gives Dr. Clever freedom, she says, but at the same time asserts "a tremendous feeling of responsibility— I want to contribute something while I learn and try to give as well as get."

Dr. Clever's field is internal medicine. She completed her internship, first year of residency and a fellowship in infectious diseases at Stanford. She isn't sure where she'll go from her UC fellowship. She is devoted to the philosophy of community medicine, thinks teaching in Public Health might be rewarding, too.

Her husband, Major James Clever, chief of internal medicine and chief of professional services at Hamilton Field Air Base Hospital, is also a graduate of Stanford. There, he was chief resident in medicine.

At home in Sausalito, the blue-eyed, petal-skinned woman doctor relaxes with a book or needlepoint to gear down from her busy professional pace.

"Sometimes," she sighs, "I tell myself the world is too much with us, and the world just isn't right. It can stand fixing. And occasionally I DO see ways out of many of our current problems."

A CLINIC TEAM

Epilepsy: seeing the total picture

Epilepsy: what is it? It's called a neurological disease. But its implications reach far beyond the borders of biology.

That's why an extraordinary new program is under way at UC Medical Center in San Francisco designed to focus not only on the physiological diagnosis and treatment of epilepsy but on the major social and psychological problems of the chronic epileptic.

"Few other clinics are evaluating problem cases in detail," according to Dr. Robert A. Fishman, director of the Northern Calif. Epilepsy Program and chairman of neurology at UC. "Few have the staff available to conduct such a program."

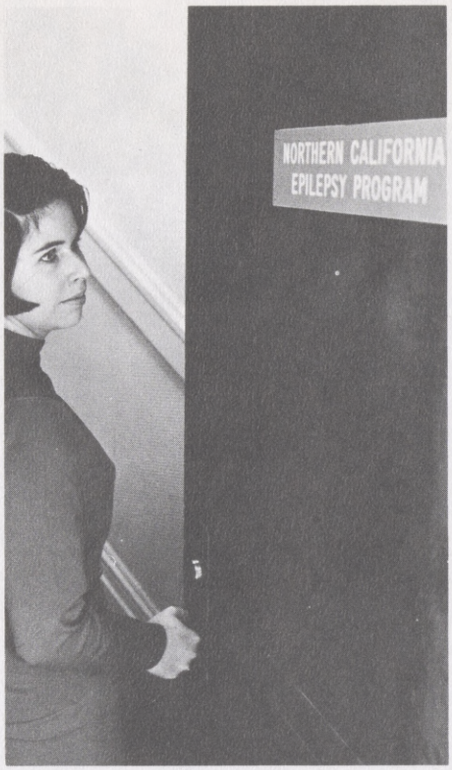
And what's new about UC's project? The team approach. On the team are two neurologists, a social worker, a public health nurse. Representing the State Department of Public Health in the program is a health educator. And available for counseling are a psychiatrist and a psychologist.

Says Dr. Douglas Crowther, neurologist and assistant administrative director of the clinic: "Our goal is to obtain a total picture of the patient's life – his way of living, his social problems and his economic problems."

And even though 50 percent of epileptics can have seizures completely controlled by medical means, they still face problems. Misinformation and misunderstanding by the general public are responsible for many of the social ills that plague epileptics.

"Epilepsy may be defined as a symptom which has many causes," Dr. Crowther points out. "But the only part many people think about is what they imagine as frothing at the mouth, a vague association with insanity and perhaps violence."

The facts: Epilepsy can be diagnosed at birth, and early treatment can make an enormous difference medically, socially and psychologically.



The door opens on a new project to help dissolve the myths about epilepsy.

Drugs to control epileptic seizures have been in use for 30 years. In most cases, the epileptic simply takes pills. And such medication doesn't necessarily continue for the rest of his life.

"It depends on how acute the problem is," Dr. Crowther says. "A child may have seizures at age 5 and at 10 never have another. Epilepsy can be self-limiting."

Incidence of epilepsy in children is about 5 percent – "if you accept a single convulsion as evidence of epilepsy," Dr. Crowther points out. For adults, the figure is 1 to 2 percent of the population, adding up to about 2 million Americans.

"What we see here are the complex problems. Perhaps someone has sought help before but has failed to follow through. We start out with less than a total picture for such a patient," Dr. Crowther explains.

"We can help with seizures, but not with associated problems unless we involve other specialists."

Under ideal care, about 50 percent of epileptics have no seizures. About 25 percent respond to treatment so well that attacks are sharply reduced. The remaining 25 percent continue to have seizures, even with adequate medical care.

To probe some of the problems of the troubled 25 percent, the program has the services of social worker Georgia Vallas, who interviews not only the patient but the spouse, parents or interested relatives, even employers on occasion.

"We are finding many more social problems than we thought we would when we started the program," Miss Vallas reveals.

"One patient thought he could eat spinach and get rid of epilepsy. Some think tiger balm will ease convulsions."

The chronic complaint of the epileptic patient is "nobody will talk to me." The UC Medical Center program is dedicated to erasing that complaint.

Besides Miss Vallas and team physicians Dr. Crowther, associate chairman and professor of neurology and pediatrics, and Dr. William A. Knox, assistant professor of neurology, there is pretty blonde Pat Levenberg, a Public Health Nurse.

What Mrs. Levenberg has found out: "Some people resist a diagnosis of epilepsy, no matter what. It takes a while to overcome this, and it means you must provide the patient with educational materials, give him a chance to ask questions. Then you can be of some help."

Both Miss Vallas and Mrs. Levenberg meet with physicians and exchange information and data. The nurse makes home visits and evaluates and provides past medical history and socio-economic information. Miss Vallas concentrates on social adjustment problems.

Public health educator David Matherly is convinced that education is an important key to the solution of social problems of epileptics. He speaks with members of the team before professional groups and at schools.

At a weekly round-table, clinic staff discusses new patients and often invites a visiting physician. Clockwise from center: Dr. Douglas Crowther, assistant administrator; David Matherly; Dr. George Kaplan, psychiatric consultant; visitor, Dr. Gunikson; Pat Levenberg; Georgia Vallas and Dr. William Knox, assistant professor of neurology.

EPILEPSY

(continued from page 6)

"A large number of children who develop epilepsy do so during early school years – about 70 percent," Matherly points out.

Dr. Crowther believes teachers should be instructed about epilepsy to permit them to recognize symptoms and to be able to explain seizures to the class.

Besides drugs, epilepsy in many cases can also be treated successfully with a change in environment. Tensions tend to create physical as well as emotional problems. One patient was having up to 30 seizures a day, even with drug controls. It took a change of foster homes to lessen dramatically the incidence of attacks.

In general, medication is not expensive. Drugs cost $5 to $10 a month. But income is a problem. Says Dr. Crowther: "About 50 percent of employers across the country admit they would not hire an epileptic, even if his seizures were totally under control.

"Some even claim their insurance rates will go up. This is simply not true."

Not fiction, facts

Northern California Regional Office of the California Epilepsy Society has been organized to provide information and educational materials about epilepsy – both to families of epileptics and to the general public.

The office is located at 680 Beach St., suite 418. For further information, call 673-6624. The following facts are from the regional office.

Q. Does epilepsy cause insanity?

A. No. It does not cause insanity or feeble-mindedness. Intelligence of persons with epilepsy parallels that of the general population.

Q. What causes epilepsy?

A. There are many causes—brain damage, after-effects of anoxia (lack of oxygen) at or following birth; infectious illnesses, tumors. And other causes of unknown origin.

Q. Who has epilepsy?

A. It can affect anyone at any time. Greatest number of patients are afflicted in childhood, developing symptoms before age 20. Epilepsy affects more persons than cerebral palsy, blindness, muscular dystrophy, multiple sclerosis and Parkinson's disease combined.

Q. What do you do when a person has a seizure?

A. Keep calm and do not try to restrain patient. Clear the area so he doesn't injure himself and try not to interfere with his movements. Do NOT force anything between his teeth. It isn't generally necessary to call a doctor unless the attack is followed immediately by a major seizure or unless it lasts more than 10 minutes.

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Grant will support more studies on preservation

Current research on kidneys will be expanded to include preservation of heart and liver under a John A. Hartford Foundation, Inc., grant to the UC Medical Center in San Francisco.

The three year, $187,692 grant will permit researchers to study preservation of organs used in human transplanation. Directors are Drs. Folkert O. Belzer and J. Englebert Dunphy. Dr. Belzer recently developed an organ preservation technique used to keep kidneys "alive" until a properly matched recipient is located.

Dr. Belzer's technique will be adapted to accommodate the heart and other organs that may be used for replacement. Other research in organ preservation will include studies on storing organs at below freezing temperatures without actually freezing the organ itself.

Restoring organs to normal function after they have been kept at low temperatures remains now an unsolved problem.

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ANESTHESIOLOGY GRANT

A $335,000 grant to expand research and training in anesthesiology has been made to the UC Medical Center by the National Institute of General Medical Sciences of the Department of Health, Education and Welfare.

Dr. William K. Hamilton, professor and chairman of the department of anesthesia, will direct the new program, which will focus on a multi-discipline approach.

Two UC faculty members receive top awards

American Heart Association's 1968 Research Achievement Award went to Dr. Julius H. Comroe Jr., director of the Cardiovascular Research Institute at UC Medical Center.

The $1000 award cited Dr. Comroe as "a scientist of distinction who has enriched our understanding of cardiopulmonary physiology . . . a lucid lecturer, author, editor and teacher, who has inspired and helped hundreds of young physicians train in many aspects of science."

An award has also been presented to Dr. Alexander Simon, director of the Langley Porter Neuro-psychiatric Institute. It is the $10,000, Dr. J. Elliot Royer Award, which goes to a San Francisco Bay Area medical person who has made significant contribution to the advancement of psychiatry and neurology.

Dr. Simon is professor and chairman of the department of psychiatry at UC Medical Center and an authority on problems of the aged.

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